



# COLLIN COUNTY NUISANCE ABATEMENT COMPLAINT FORM



## SUSPECT INFORMATION

Suspect Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Suspect Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Property Address (if different from above): \_\_\_\_\_

Directions to site: \_\_\_\_\_

Map to site: (please draw below)

## COMPLAINT


## COMPLAINANT INFORMATION

(This information is not given to suspect. However, if you choose to complete this form and return it to our office by mail, this portion **must** be completed. You will receive contact from our office regarding complaint tracking information. If this is not completed, your complaint **will not** be processed.)

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Form can be mailed to:

Collin County Fire Marshal's Office  
825 N. McDonald, Suite 140  
McKinney, TX 75069